PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or	Docket	Number
----------------	--------	--------

. ^^	0~0	71	D
10	808		l

		CLAIMS A	S FILED	- PART			SM	ALL E	NTITY		OTHE	R THAN
(Column 1) (Column 2)					TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			20					ATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FEE	385.00	OR	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			7-Omi	Ominus 20=			×	\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS						×	43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM P			PRESENT				+1	45=		OR		<u> </u>
* If the difference in column 1 is le			less than z	ero, enter	"0" in c	column 2		TAL		OR	TOTAL	72
		CLAIMS AS A	MENDE) - PARI	T III				<u> </u>	_	OTHER	THAN
<u></u>	·	(Column 1)		(Colum	ın 2)	(Column 3)	SM	IALL I	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	. (1)	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**	-	=	XS	9=		OR	X\$18=	
AME	Independent	*	Minus	***	0	=	. X4	3=		OR	X86=	,
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+14	15 ≃		OR	+290=	
								OTAL			TOTAL	
		(Column 1)		(Colum	n '2)	(Column 3)	ADDIT	. FEE L		. ,	ADDIT. FEE	
		CLAIMS		HIGHE	ST	100101111107			ADDI-	7 [ADDI
NT B		REMAINING AFTER		PREVIOU	JSLY	PRESENT EXTRA	RA	TE	TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	*	Minus	PAID F	JH	=	X\$	9=	FEE		X\$18=	FEE
MEN	Independent	*	Minus	***		=			·	OR		
₹	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT C	LAIM		X4:	3=		OR	X86=	
							+14			OR	+290≃	•
					TO ADDIT.	FEE L		OR ,	TOTAL ODIT. FEE			
		(Column 1)		(Column	r 2) ((Column 3)		•				
ENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENI	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent		Minus	straints.		=	X43	_			X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				-		OR	700-				
* If the entry in column 1 is loss than the entry is patient 0 with tot is and arise							OR	+290=				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL ADDIT. FEE *** Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
_	he "Highest Numi	ber Previously Paid	For" (Total or I	Independent	is the h	ighest number	found in th	e appro	priate box	in colu	mn 1.	į